

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101583798

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							S1						
2							S2						
3							S3						
4							S4						
5							S5						
6							S6						
7							S7						
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43							S43						
44							S44						
45							S45						
46							S46						
47							S47						
48							S48						
49							S49						
50							S50						
TOTAL IND.	2	1					TOTAL IND.						
TOTAL DEP.	10	1					TOTAL DEP.						
TOTAL CLAIMS	18	1					TOTAL CLAIMS						